Department of Veterans Affairs

REPORTING AND PROCESSING MEDICAL MATERIEL COMPLAINTS/ QUALITY IMPROVEMENT REPORT

DATE

NO.

TO		FROM	

TYPE OF COMPLAINT ▶

1A. FOR DOD USE ☐ I ☐ II ☐ III

1B. FOR VA USE ☐ QUALITY COMPLAINT ☐ NEW ITEM ☐ SIMILAR ITEM

2. NATIONAL STOCK NO.	3. ITEM DESCRIPTION

4. NAME AND ADDRESS OF MANUFACTURER	5. NAME OF CONTRACTOR *(If other than the manufacturer)*
	6. CONTRACT NO. OR PURCHASE ORDER NO.

7A. VA DEPOT VOUCHER NO.	7B. DOD REQUISITION NO.	8. LOT NO.
9. CONTROL NO.	10. MANUFACTURER'S SERIAL NO.	11. MODEL NO.
12. DATE MANUFACTURED	13. DATE PACKED	14. EXPIRATION DATE
15. SOURCE *(Name of Depot)*	16. QUANTITY ON HAND	17. QUANTITY SUSPENDED

COMPLETE ITEM 18A THROUGH F18F FOR DOD TYPE 1 COMPLAINTS ONLY

18A. TOTAL NO. PATIENTS INVOLVED	18B. TOTAL NO. REACTIONS	18C. SEVERE OR UNUSUAL REACTIONS

18D. REACTIONS REQUIRING HOSPITALIZATION	18E. LENGTH OF HOSPITALIZATION	18F. VACCINE ☐ INITIAL ☐ BOOSTER INTERVAL _____

19. CAUSE OF COMPLAINT *(Explanation of unsatisfactory condition, deficiency, or description of reaction. Complete 19 through 22 for ALL complaints.)*

20A. TYPED NAME OF INITIATOR *(For Type I MC/DC/NC)*	20B. AUTOVON/FTS TELEPHONE NO.	20C. COMMERCIAL TELEPHONE NO.

21A. TYPED NAME OF SUPPLY OFFICER	21B. SIGNATURE OF SUPPLY OFFICER	21C. DATE

21D. AUTOVON/FTS TELEPHONE NO.	21E. COMMERCIAL TELEPHONE NO. *AREA CODE ( )*

REPORTING AND PROCESSING MEDICAL MATERIEL COMPLAINTS/QUALITY IMPROVEMENT REPORT *(Continued)*

22. RECOMMENDATIONS AND/OR ADDITIONAL REMARKS

23. ACTION TAKEN

24. NAME *(Action Officer)*	25. TITLE AND ORGANIZATION	26. DATE